CLAIMS

1. A method for treating a neurologic disorder other than chronic or neuropathic pain, comprising the step of coadministering to a patient in need of such treatment:

a. at least one NMDA receptor antagonist drug, at a dosage-time combination that has been shown in human trials to be effective in creating stable and long-term neurological alterations in treated patients; and,

b. at least one safener drug that has been shown, using *in vivo* animal tests, to reduce neurotoxic side effects caused by MK-801 when administered without an accompanying safener drug.

2. The method of claim 1, wherein the dosage of the NMDA receptor antagonist drug is titered for the patient being treated, to a level that causes slurring of speech in that patient but does not render the patient unconscious.

3. The method of claim 1, wherein the NMDA receptor antagonist drug comprises ketamine, and wherein the ketamine is administered to the patient by intravenous infusion over a continuous period of at least 36 hours, at a dosage sufficient to establish and sustain a blood concentration of at least about 200 nanograms of ketamine per milliliter of blood plasma for a period of at least 24 hours.

4. The method of claim 3, wherein the ketamine is administered to the patient at a dosage sufficient to establish and sustain a blood concentration of at least about 250 nanograms of ketamine per milliliter of blood plasma for a period of at least 40 hours.

5. The method of claim 1, wherein the safener drug comprises an alpha-2 adrenergic agonist drug.

6. The method of claim 5, wherein the alpha-2 adrenergic

agonist drug is selected from the group consisting of clonidine, iodoclonidine, guanabenz, xylazine, medetomidine, tizanidine, rilmenidine, alpha-methyldopa, alpha- methylnoradrenaline, guanfacine, dexmedetomidine, azepexole, and lofexidine.

7. The method of claim 1, wherein a water-soluble magnesium salt is also coadministered to the patient.

8. The method of claim 1, where an enzyme inhibitor that slows metabolic degradation of ketamine in circulating blood is also coadministered to the patient.

9. The method of claim 1, where the enzyme inhibitor inhibits the CYP3A4 cytochrome P450 enzyme.

10. A method for treating a neurologic disorder other than chronic or neuropathic pain, comprising the step of administering to a patient in need of such treatment at least one NMDA receptor antagonist drug that is known to have an inherent safening activity due to activity at a second type of neuronal receptor, at a dosage that causes slurring of speech without causing hallucinations or loss of consciousness, and at a dosage-time combination that has extends for at least three days in succession, and that has been shown in human trials to be effective in creating stable and long-term neurological alterations in treated patients.

11. The method of claim 10, wherein the NMDA receptor antagonist drug that is known to have an inherent safening activity due to activity at a second type of neuronal receptor is selected from the group consisting of ibogaine, eliprodil, and analogs and derivatives thereof that are effective as NMDA receptor antagonist drugs with inherent safening activity due to activity at a second type of neuronal receptor.